

Vanuatu

1. Per USCINCPACINST 6200.2, Commanders are responsible for an effective Force Health Protection Plan for personnel deploying to locations within the USCP AOR, ensuring implementation of the Plan, for appointing a FHP Officer and assistant who will serve as the Commander's focal point for the planning, coordination, and execution of "real world" force health protection planning for a specific deployment. This is applicable to all assigned and attached personnel, all Department of Defense personnel performing official duties within locations in the AOR, and all U.S. contractor personnel employed directly by the DOD in locations in the AOR.

2. FHP Planning must include the following elements:

a. Health Threat Assessment. This assessment must evaluate known and anticipated health threats/hazards (including endemic diseases, injuries, industrial toxins, and climatic extremes) and the appropriate countermeasures to be taken for each.

b. Health Record and Readiness Screening. Performed prior to deployment. Items identified for screening include: immunizations, HIV testing, TB skin testing, DNA sample on file, current physical exam, dental class I or II, prescription medications on hand, and unresolved health problems (i.e., P-4 profile, limited duty, pregnancy, mental health, etc.) which could disqualify the Service member for deployment.

c. Health Threat Briefing. Must be performed prior to deployment. Attendance must be documented. Minimum contents of a Health Threat Briefing for Vanuatu include the following material:

(1) Immunizations.

(a) Personnel must be up to date on all routine immunizations for personnel on deployable or mobility status (tetanus booster, hep A, typhoid, influenza)

(b) Current influenza vaccine. EVEN IF LOCAL FLU SEASON IS PAST AND NEW VACCINE IS NOT AVAILABLE YET.

(c) Special immunizations are not required.

(2) Chemoprophylaxis.

(a) Malaria risk exists throughout the year in the whole country. Chloroquine resistance is widespread.

(b) Doxycycline 100mg daily from 2 days before potential exposure to 30 days after. Alternate: Mefloquine 250 mg weekly from 2 weeks before potential exposure through 4 weeks after exposure.

(c) Primaquine 26.3mg daily for 14 days after departure from malaria threat area. Must be completed before stopping doxycycline or mefloquine.

(3) Personal Protective Measures

(a) Permethrin treatment of uniforms and bed nets before departure (preferably with permethrin concentrate/compressed air sprayer technique, which lasts the life of the uniform).

(b) DEET cream. Apply to exposed skin and spread out into a thin layer (avoiding eyes and mouth) twice a day and at night to minimize risk of malaria and dengue.

(c) Sleep under a permethrin-treated bed net with the edges tucked in under the bedding all around.

(4) Safe Food and Water.

- (a) Wash hands before eating.
- (b) If available consume only approved food and water. Otherwise:
- (c) Eat piping hot, freshly cooked food from reputable sources.
- (d) Eat no salads or fresh fruit/vegetables (except intact fruit which you wash and open yourself)
- (e) Eat no food from street vendors or stalls
- (f) Drink bottled or canned water/beverages only without ice
- (g) Biointoxication may occur from raw or cooked fish and shellfish.

(5) Sexually transmitted diseases. STDs are found in every area in the world and can be serious or FATAL (e.g., HIV, gonorrhea, hepatitis B).

- (a) Abstinence is the only perfectly safe practice and is recommended.
- (b) barrier protection with latex condoms is the only other acceptable option (but can be just as dangerous in case of breakage).

(6) Motor Vehicle and General Safety.

- (a) Only the capital city of Port Vila (on Efate island) and the town of Luganville (on Espiritu Santo Island) have paved roads. Seat belts and caution in and around vehicles must be practiced.
- (b) General safety. Exercise caution in ALL activities to avoid injury of any type.

(7) Environmental Factors.

- (a) Heat injury. The climate is marked by two seasons. There is a hot and wet season from November to April, followed by a cooler and drier season from May to October. Injuries such as heat exhaustion and heat stroke must be prevented. Necessary precautions include drinking water frequently, on a schedule, to avoid dehydration; adhering to safe work-rest cycles during extreme conditions; and careful observation of teammates to detect warning signs of heat injury such as mental status changes and cessation of sweating.
- (b) Sun injury. Sun exposure can be intense. Wide-brimmed hats, long sleeves and trousers, and liberal use of sunscreen lotions and lip protection with SPF 15 or greater are recommended precautions.
- (c) Environmental and industrial pollution are not considered significant health threats.

(8) Hazardous Plants and Animals.

- (a) Rabies. Rabies is not present on Vanuatu.
- (b) Marine life. Hazards to bathers include corals and jellyfish, poisonous fish, and sea snakes.

(9) Personal Health and Fitness. Try as much as possible to maintain a healthful regimen of hygiene and fitness. Regular bathing and frequent changes of undergarments, including socks, are important. When exercising outdoors, be aware that shorts and tank tops will make you more susceptible insect-borne diseases like malaria and dengue. Apply DEET to exposed skin prior to exercising outdoors.

(10) Other comments.

Vanuatu is an independent parliamentary democracy and a member of the British Commonwealth. It is comprised of a chain of 13 main islands and many smaller islands which extend from north to south for 400 miles (640 km).

3. Assistance with Health Threat Assessments, Health Threat Briefings, and countermeasures planning can be obtained from the following sources:

a. Preventive Medicine Department, Tripler Army Medical Center, phone (DSN or 808)433-6693

b. Pacific Air Forces Public Health Officer, Hickam Air Force Base, phone (DSN or 808)449-2332, x269

c. Epidemiology Department, Navy Environmental and Preventive Medicine Unit 6, phone (DSN or 808)473-0555.